



STATE OF HAWAII
APPLICATION FOR CIVIL SERVICE POSITION
DEPARTMENT OF LAND AND NATURAL RESOURCES
Personnel Office, 1151 Punchbowl Street, Room 231
Honolulu, Hawaii 96813

GENERAL INSTRUCTIONS: Please type or print legibly in ink.

The information you provide will be used to determine whether you qualify for the job for which you are applying.

- Before applying, read the job requirements described in the **Announcement** carefully to determine if you qualify for the job.
- Any additional required forms described in the **Announcement** can be obtained from this office.
- Answer the questions completely and accurately. Your application may be rejected if it is incomplete or you may be disqualified or dismissed from employment if you provide false information.
- You must notify this office in writing of any changes to your name, address, telephone number or availability information.
- We will not be responsible for any mail or correspondence which does not reach you.
- Your application and accompanying material are confidential and becomes our property. Please make your own copy before submitting it.

The information on pages 1 and 2 will not be released to persons involved in the appointment process.

The State of Hawai'i is an equal opportunity employer and complies with applicable state and federal laws relating to employment practices.

1. CITIZENSHIP STATUS. Place a checkmark in the appropriate block:

- A. ☐ Citizen of the U.S.
B. ☐ National of the U.S.
C. ☐ Permanent Resident Alien of the U.S.
D. ☐ Other – Non-citizen of the U.S.

Are you authorized under federal law to work in the U.S. without restrictions?

☐ Yes ☐ No Type of Visa _____

2. RESIDENCE STATUS. Check the appropriate block and fill in the spaces:

Are you a current or former legal resident of Hawai'i? ☐ Yes ☐ No

Month/year Hawai'i residence began: from ____/____/____ to ____/____/____

Period (mo./yr.) of former legal residency: from ____/____/____ to ____/____/____

(NOTE: State law requires applicants to be legal residents or former legal residents of Hawai'i. If you are in doubt about your status, please complete and submit Form 319 with this application.)

3. UNITED STATES MILITARY SERVICE.

Veterans Preference I claim ☐ 5 points ☐ 10 points (preference)

Serial or Service No.: _____

Date Entered Service: _____

Date Separated Service: _____

Type of Last Separation: ☐ Honorable ☐ Other than honorable

5 points veterans preference may be awarded to honorably separated veterans who served on active duty in the U.S. Armed Forces:

- A. During the period December 7, 1941 to July 1, 1955;
- B. For more than 180 consecutive days from Jan. 31, 1955 through Oct. 14, 1976 (Not including initial active duty for training under Reserve or National Guard programs);
- C. In a campaign or expedition for which a campaign badge or service medal was authorized.

10 points veterans preference may be awarded to:

- A. Honorably separated veterans with service-oriented disability; including those awarded the Purple Heart;
- B. The spouse of an honorably separated veteran with a service-connected disability which disqualifies the veteran for State positions in his/her usual occupation.
- C. An unmarried, supervising spouse of a person who died while on active duty, or of an honorably separated veteran who served during the periods cited above.

To receive 5 points, you must submit a copy of your DD-214 showing dates of honorable service with this application. To receive 10 points, you must submit an official statement from the Veterans Administration or armed service dated within the past 12 months which confirms your qualification to receive 10 points preference. Spouses or widows must also submit evidence of marriage, and, as applicable, veteran's death.

4. _____

JOB TITLE(S) APPLYING FOR

5. _____

RECRUITMENT NUMBER

6. **NAME:**

First Middle Last

MAILING

7. **ADDRESS:**

Number or P.O. Box Street

City State Zip Code

8. **PHONE NUMBER:**

Business Home

9. **SOCIAL SECURITY NUMBER:**

10. CERTIFICATE OF APPLICANT

I hereby certify that all statements in this application are true and correct to the best of my knowledge, and I agree and understand that any misstatements of material facts herein may cause forfeiture of all rights to any employment in the service of the State of Hawai'i. I have read the terms or conditions stated on this application and understand that there may be additional employment-related tests as required.

Date

Original Signature of Applicant

Information requested in items 11 through 15 is needed to make determinations on your suitability for employment. Convictions, dismissals from employment or dishonorable separations from military service do not automatically disqualify you for employment. The circumstances of each individual case will be evaluated against the requirements of the position for which you have applied, to determine suitability for employment. The information on this page will not be released to persons involved in the appointment process.

11. DISMISSALS FROM EMPLOYMENT AND/OR DISHONORABLE SEPARATIONS FROM MILITARY SERVICE

Within the past five years, were you:

- A) Fired, terminated for cause, dismissed, discharged or asked to resign from employment? ☐ YES ☐ NO
- B) Separated from military service under conditions other than honorable? ☐ YES ☐ NO

(If you answer "Yes" to question 11A or 11B, please indicate in item #15 below, the date and reasons for your dismissal from employment or separation from military service. For dismissals from employment, provide also the name and address of the employer.)

12. CONVICTION FOR A VIOLATION OF LAW

- A) Have you been convicted of a violation of law?..... ☐ YES ☐ NO

NOTE: In answering this question, you need NOT report the following:

- (1) Arrests not followed by convictions;
- (2) Convictions which were annulled or expunged;
- (3) Offenses for which you were tried as a minor or juvenile;
- (4) Convictions of offenses punishable by fine only. (You must report any conviction that **could have** resulted in a jail sentence even if your sentence was only a fine. If you are in doubt, please answer "YES" and explain in item #15 below.)
- (5) Convictions of misdemeanor in which the period of 20 years has elapsed since the date the sentence was fulfilled and during which elapsed time there has not been any subsequent arrest or conviction.

- B) Within the past three years, have you been convicted of any offense related to controlled substances? ☐ YES ☐ NO

- C) Have you ever been convicted of any act, attempt, or conspiracy to overthrow the State or federal government by force or violence?..... ☐ YES ☐ NO

(If you answer "Yes" to question 12A, 12B, or 12C, indicate in item #15 below, the dates, nature and circumstances of the conviction; the sentence imposed and its current status; and any other relevant information you wish to provide.)

13. SUSPENSION OR REVOCATION OF LICENSE

- Was your license or certification to practice in a regulated profession (for example, physician, engineer, nurse, plumber, etc.) ever suspended or revoked? ☐ YES ☐ NO

(If you answer "Yes," please indicate in item #15 below, the type of license; the date; the state; the specific board or organization that suspended or revoked your license; the circumstances of the suspension or revocation; and any other relevant information you wish to provide.)

14. SETTLEMENTS OR AGREEMENTS

- Have you accepted a settlement, a cash buyout such as through the State's Separation Incentive Program, or, have any restrictions that you would not seek further employment with the State of Hawaii?..... ☐ YES ☐ NO

15. USE THIS SPACE TO EXPLAIN ANY "YES" ANSWERS TO THE QUESTIONS ABOVE.

EMPLOYMENT AND EDUCATION HISTORY

1. RECRUITMENT NUMBER: _____ 2. JOB TITLE(S) _____

The information you provide will be used to determine whether you meet public employment requirements and the minimum qualification requirements in the Class Specifications. Federal laws (Title VII of the Civil Rights Act of 1964, the Civil Rights Act of 1991, and the Americans with Disabilities Act) prohibit employers from discriminating on the basis of race, color, religion, sex, national origin, or disability. The Age Discrimination in Employment Act prohibits discrimination on the basis of age. Chapter 378, H.R.S., prohibits employers from discriminating on the basis of race, sex, sexual orientation, age, religion, color, ancestry, disability, marital status, or arrest and court record except where it is a bona fide occupational qualification. The federal laws apply to all forms of employment decisions and actions, including pre-employment inquiries. The State of Hawaii is an equal opportunity employer and complies with applicable state and federal laws relating to employment practices.

3. NAME:

Other names used First Middle Last
(including maiden name) _____

MAILING

4. ADDRESS:

Number or P.O. Box Street

City State Zip Code

5. PHONE NO.:

Business Home

6. SOCIAL SECURITY NUMBER:

7. EDUCATION: When verification is required, the documentation must be submitted at the time of the application. If not, you may not receive credit for the training and/or your application may be considered incomplete and rejected. The information you provide in this section will be used strictly in the evaluation of your qualifications for the position for which you are applying.

**DO NOT
WRITE IN
THIS
SPACE**

A. Name and location of last grade school attended:
(elementary, intermediate or high school)

Highest Grade Level
Completed

Date of
Graduation

B. In-service training, business, trade, armed forces, colleges or university, graduate of professional schools

NAME & ADDRESS	Course or Major Field of Study	Number of Credits or Hours Completed		Kind of Degree, Diploma or Certificate Received	Date Received
		Sem'tr	Quarter		

8. OTHER QUALIFICATIONS

A. LICENSE OR CERTIFICATE: Please indicate the kind, registration number, and the State or other licensing authority. *If proof of evidence is required, please submit a copy or present for verification.*

B. KNOWLEDGE OF LANGUAGE OTHER THAN ENGLISH: List the language and check the appropriate block(s). Some positions require the ability to speak, read, and/or write in a language other than English.

LANGUAGE	SPEAK	READ	WRITE

C. SPECIAL QUALIFICATIONS: Include membership in professional or scientific societies, honors, awards, fellowships, publications (list but do not submit unless requested), etc.

Please complete this section even if you are attaching a resume or other attachments.

Form HRD 315 (Rev. 06/2004)

NAME _____

SUPPLEMENTAL FORM FOR STATE LANDS ADMINISTRATOR

It is essential that you complete this form as accurately and completely as possible, to ensure that you receive the maximum credit to which you are entitled. Be sure to include EACH relevant position. Complete a **SEPARATE** form for EACH position. LIST EACH CHANGE IN JOB TITLE OR PROMOTION **SEPARATELY**. **Do not submit a resume, etc. in place of this form.** In your write up, avoid the use of ambiguous terms, such as "was responsible for", "oversaw", etc. Rather, use specific language, which will clearly depict the exact nature of your work.

YOU MAY DUPLICATE THIS FORM OR ATTACH PLAIN SHEETS OF PAPER IF MORE SPACE IS NEEDED.

I. GENERAL EXPERIENCE

Do you possess General Experience, as described in the job announcement? Yes ____ No ____

If "Yes", please provide the following information:

A. Name of employer _____

B. Your job title _____

C. Complete dates you held that title: from ____/____/____ to ____/____/____
MONTH year MONTH year

D. Name and title of your supervisor _____

E. Average number of hours worked per week _____

F. A **detailed** description of your duties and responsibilities. Give examples of problem-solving techniques and methods you used. Describe the types of written reports you prepared. What kinds of recommendations did you make, concerning complex issues or problems?

II. SPECIALIZED EXPERIENCE

Do you possess land management experience, as described in the job announcement?

Yes _____ No _____

If “Yes”, please provide the following information:

A. Name of employer _____

B. A brief description of the program you worked for. How was the program involved in managing land for commercial, industrial, agricultural or other income producing purposes?

C. Your job title _____

D. Complete dates you held that title: from _____/_____/_____ to _____/_____/_____
MONTH year MONTH year

E. Name and title of your supervisor _____

F. Average number of hours worked per week _____

G. A **detailed** description of your duties and responsibilities. Specifically, please describe:

- i) Your responsibility for determining appropriate uses of land. What types of land were you involved with? How much land was involved? What factors did you base your determination on?
- ii) The land management tasks you performed, relative to commercial, industrial, agricultural or other income-producing lands. Give examples of particularly complex land management issues and problems you handled.

- iii) The types of recommendations you made on the acquisition and disposition of real property. How did you arrive at your recommendations? What type of analysis and research did you base your recommendations on? On average, how often did you have to develop these types of recommendations (e.g., daily, once a week, etc)?
- iv) The major studies you conducted on land related issues. Describe the issues studied, and the analytical techniques you used. What types of reports did you create to document these studies? Who used these studies and how were they used? On average, approximately how often were you asked to do these studies (e.g., twice a month, etc.)?

III. **MANAGERIAL AND ADMINISTRATIVE EXPERIENCE**

Do you possess Managerial and Administrative Experience, as described in the job announcement?

Yes _____ No _____

If "Yes", please provide the following information:

- A. Name of employer _____
- B. Your job title _____
- C. Complete dates you held that title: from _____/_____/_____ to _____/_____/_____
MONTH year MONTH year
- D. Average number of hours worked per week _____
- E. Name and title of your supervisor _____
- F. Briefly describe the program you managed (size, scope, resources, etc.)

G. Please give a **detailed** description of your managerial and administrative responsibilities. Specifically, describe how you were involved in:

- i) Identifying program goals and objectives:

- ii) Identifying resource needs (manpower, materials, equipment):

- iii) Planning, organizing and coordinating program activities:

- iv) Developing procedures and determining policies. List examples of policies and procedures you personally developed. What was your level of authority in implementing these policies and procedures and ensuring that they were followed properly? How did you monitor the effectiveness of these policies and procedures?

- v) Budget formulation and execution. How large a budget were you responsible for? What kinds of rules, policies, statutes, etc. did you follow in creating and revising your budget? If you were you responsible for presenting a formal justification of your budget, please explain. Give examples of budget reports you prepared (e.g., variance reports, etc.).

- vi) Performing supervisory duties. List the numbers, titles and functions of your subordinates (e.g., 1 secretary, 2 Property Managers, etc.) What kinds of difficult work problems did you assist your subordinates with?

H. The dates you performed these managerial duties (from and to, MONTH and year).

I. Average number of hours you spent per week on these managerial and administrative duties (use your best estimate).

IV. **SUBSTITUTION:**

If you are substituting a master's degree for part of the General Experience Requirement, please submit a legible copy of your diploma or official transcripts, to receive credit for your graduate degree.

I hereby certify that all statements in this form are true and correct to the best of my knowledge, and I agree and understand that any misstatements of material facts herein may cause forfeiture of all rights to any employment with the State of Hawaii civil service.

I further agree and authorize the employer, his agent, and/or the contact person named herein, to furnish verification of the statements made herein and/or employment information as requested by the Department of Land and Natural Resources of the State of Hawaii

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Date _____ Signature _____